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Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/20/2004: CERVICAL SPINE

CLINICAL HISTORY: Neck pain.

FINDINGS:

There is no evidence of fracture or dislocation. There is straightening of the cervical lordosis which may be due to positioning or spasm. There are small end-plate osteophytes anteriorly at C6 and C7. The neural foramina are patent bilaterally. The odontoid is intact. The prevertebral soft tissues are normal. No evidence of ankylosis.

IMPRESSION:

1. **SMALL END-PLATE OSTEOPHYTES ANTERIORLY AT C6 AND C7.**
2. **STRAIGHTENING OF THE CERVICAL LORDOSIS WHICH MAY BE SECONDARY TO POSITIONING OR SPASM.**
3. **IF SYMPTOMS ARE RADICULAR, THEN FURTHER EVALUATION WITH MR MAY BE HELPFUL.**

Blake Evernden MD
BE /bg

This report has been electronically signed by: Blake Evernden MD

DEMGL:0101

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Patient Name: MCCORNACK DAN E
Jacket # 47134

DOB: 02/15/1963
Home # (805)238-5208

Age: 41
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/20/2004: LUMBAR SPINE

CLINICAL HISTORY: Back pain. Positive HLA B27.

FINDINGS:

Five views of the lumbar spine were obtained. There is no evidence of fracture or bone lesion. No evidence of spondylolisthesis or spondylolysis. The intervertebral disc space heights are maintained at all levels. Small end plate spurs are present through the lumbar spine. There is no evidence of ankylosis.

Incidentally noted on the frontal view is a rounded calcification of the right lower quadrant which may represent vascular or possible appendiceal calcifications.

IMPRESSION:

1. **MILD DEGENERATIVE CHANGES OF THE LUMBAR SPINE.**
2. **INCIDENTALLY NOTED CALCIFICATIONS RIGHT LOWER QUADRANT WHICH MAY BE VASCULAR OR POSSIBLY APPENDICEAL.**

Blake Evemden MD
BE /bg

This report has been electronically signed by: Blake Evernden MD

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Patient Name: MCCORNACK DAN E **DOB:** 02/15/1963 **Age:** 41
Jacket # 6389 **Home #** (805)238-5208 **Work #** (805)239-1550

Physician: GORDON LEMM MD **Physician Code:** 223
Telephone #: ( )434-3211 **Fax #:** 4342019

10/12/2004: MRI LUMBAR SPINE

CLINICAL HISTORY: Back pain X2 months. History of ankylosing spondylitis.

TECHNICAL DATA: The patient was imaged utilizing the Siemens 1.5T Symphony MRI scanner. The protocols executed are as follows: T1 SAG/AX TSE T2 SAG/AX

FINDINGS:

The lumbar spine is normally aligned. Vertebral bodies appear intact. Disc space heights are preserved. The conus medullaris ends at L1 and appears normal.

Sagittal images of T11-12 and T12-L1 show no disc protrusion, central canal stenosis or neural foraminal narrowing. The remainder of the lumbar spine is evaluated in both sagittal and axial planes.

L1-2, L2-3: Normal.

L3-4: There is facet joint hypertrophy that does not appear to cause neurologic compromise. There is no disc protrusion or neural foraminal narrowing.

L4-5: There is mild bulge of the L4-5 disc and facet joint hypertrophy. No significant central canal stenosis or neural foraminal narrowing.

L5-S1: There is a right paracentral to lateral disc protrusion extending 6 millimeters dorsally into the spinal canal. This distorts the anterior right thecal sac displacing the budding right S1 nerve root. This disc protrusion and facet joint hypertrophy contribute to cause moderate right neural foraminal narrowing. Facet joint hypertrophy and short pedicles cause mild to moderate neural foraminal narrowing on the left.

Paraspinous soft tissues appear normal.

10/14

IMPRESSION:

1. **LARGE RIGHT PARACENTRAL DISC PROTRUSION AT L5-S1 DISTORTS THE ANTERIOR RIGHT THECAL SAC AND DISPLACES THE BUDDING**

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Patient Name: MCCORNACK DAN E
Date of Exam: 10/12/2004

RIGHT S1 NERVE ROOT.

2. MODERATE RIGHT NEURAL FORAMINAL NARROWING AT THAT LEVEL DUE TO THE DISC PROTRUSION AND FACET JOINT HYPERTROPHY. MILD TO MODERATE LEFT NEURAL FORAMINAL NARROWING AT L5-S1 DUE TO FACET JOINT HYPERTROPHY AND SHORT PEDICLES.
3. FACET JOINT HYPERTROPHY AT L3-4 AND L4-5 AND BULGING DISC AT L4-5 DO NOT APPEAR TO CAUSE NEUROLOGIC COMPROMISE.

James P Cartland MD
JPC /gt

This report has been electronically signed by: James P Cartland MD

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Patient Name: MCCORNACK DAN E **DOB:** 02/15/1963 **Age:** 42
Jacket # 6389 **Home #** (805)238-5208 **Work #** (805)239-1550

Physician: GORDON LEMM MD **Physician Code:** 223
Telephone #: ( )434-3211 **Fax #:** 4342019

04/05/2005: CT ABDOMEN AND PELVIS

CLINICAL HISTORY: Adenopathy.

TECHNICAL DATA: Images were obtained on a sixty-four slice Toshiba Aquilion CT scanner. All data was acquired with .5 millimeter collimation. Images of the liver were obtained after administration of oral contrast. Images of the abdomen were obtained during arterial and portal phases after IV contrast administration. Delayed images through the abdomen and pelvis were obtained after a four minute delay. Images are displayed in axial and coronal format.

FINDINGS:

Comparison is made with an earlier study of 4/19/04.

The lung bases are clear. There are no pleural effusions. The liver demonstrates no mass lesion or intrahepatic ductal dilatation. Since the previous examination, there is mildly increased fatty infiltration of the liver. The gallbladder and pancreas are unremarkable. The spleen is mildly enlarged measuring 15 centimeters in maximal AP dimension and 14.4 centimeters in maximal craniocaudal dimension. No splenic mass is identified. The adrenal glands are normal. The kidneys demonstrate no mass or hydronephrosis.

Multiple non pathologic sized retroperitoneal lymph nodes are identified. The largest lymph node in the right periaortic region proximal to the bifurcation measures 12 millimeters and does not appear significantly changed since the previous exam. Multiple smaller left periaortic lymph nodes are also identified. Also seen are multiple non pathologic sized lymph nodes of the mesentery, none measuring over one centimeter.

Small and large bowel caliber is normal. No free fluid. The urinary bladder is unremarkable. There is an umbilical hernia containing fat which is unchanged in appearance. The transverse dimension of this hernia measures 17 millimeters. Scattered sigmoid diverticulosis is present.

IMPRESSION:

DEMGL:0096

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PAGE 2
Patient Name: MCCORNACK DAN E
Date of Exam: 04/05/2005

1. **STABLE APPEARANCE OF THE NON PATHOLOGIC SIZED LYMPH NODES IN THE RETROPERITONEUM AND MESENTERY.**
2. **MILD SPLENOMEGALY, STABLE.**
3. **UMBILICAL HERNIATION CONTAINING FAT.**
4. **SIGMOID DIVERTICULOSIS.**
5. **MILD FATTY INFILTRATION OF THE LIVER WHICH APPEARS MORE PROMINENT SINCE THE PREVIOUS EXAM.**

Blake Evernden MD
BE /gt

This report has been electronically signed by: Blake Evernden MD

4/19/05 Patient notified by A Rodman RMA
Mom

DEMGL:0097

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Patient Name: MCCORNACK DAN E
Jacket # 6389

DOB: 02/15/1963
Home # (805)238-5208

Age: 42
Work # (805)239-1550

Physician: GORDON LEMM MD
Telephone #: ( )434-3211

Physician Code: 223
Fax #: 4342019

08/15/2005: MRI CERVICAL SPINE

CLINICAL HISTORY: Neck pain.

TECHNICAL DATA: The patient was imaged utilizing the Siemens 1.5T Symphony MRI scanner. The protocols executed are as follows: T1 SAG TSE T2 SAG/AX

FINDINGS:

There is straightening of the cervical spine with loss of the normal cervical lordosis. Bone marrow signal is homogeneous without evidence for fracture or suspicious osseous lesion. The posterior fossa structures, as visualized, are unremarkable. No abnormal intrinsic cord signal is detected.

C2-3 and C3-4: Unremarkable.

C4-5: There is minimal posterior bulging of the disc without significant central canal narrowing. Bilateral uncovertebral hypertrophy results in mild bilateral neural foraminal stenosis.

C5-6: Tiny anterior and posterior spurs. Mild desiccation of the disc with a 3 millimeter AP broad-based disc protrusion. This results in moderate central canal compromise. Bilateral uncovertebral hypertrophy results in moderate to severe bilateral neural foraminal stenosis.

C6-7: Small anterior and tiny posterior spurs. Minimal posterior bulging of the disc annulus without significant central canal narrowing. Minimal bilateral uncovertebral hypertrophy results in minimal bilateral neural foraminal stenosis.

C7-T1: No focal disc herniation seen. No significant central canal stenosis. Left-sided uncovertebral hypertrophy results in mild to moderate left neural foraminal stenosis. The right neural foramen is patent.

T1-2 and T2-3: Unremarkable.

IMPRESSION:

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PAGE 2
Patient Name: MCCORNACK DAN E
Date of Exam: 08/15/2005

1. **STRAIGHTENING OF THE CERVICAL SPINE WITH LOSS OF THE NORMAL CERVICAL LORDOSIS.**
2. **TINY POSTERIOR SPUR WITH A BROAD-BASED DISC PROTRUSION AT C5-6 RESULTING IN MODERATE CENTRAL CANAL COMPROMISE WITH MODERATE TO SEVERE BILATERAL NEURAL FORAMINAL STENOSIS.**
3. **TINY POSTERIOR DISC BULGES AT C4-5 AND C6-7 WITHOUT SIGNIFICANT CENTRAL CANAL STENOSIS. MILD NEURAL FORAMINAL NARROWING IS NOTED AT THESE LEVELS.**
4. **MILD TO MODERATE LEFT NEURAL FORAMINAL STENOSIS AT C7-T1.**

Elizabeth M Vogler MD
EMV /gt

This report has been electronically signed by: Elizabeth M Vogler MD


PATHOLOGY

CENTRAL COAST PATHOLOGY CONSULTANTS, INC.
A Medical Group
C.L. Douglas, M.D. J.B. Hannah, M.D. S.B. Jobst, M.D. D.M. Lawrence, M.D.
P.O. BOX 959 Templeton, California 93465
(805) 434-4504 Fax: (805) 434-2913

Patient: McCORNACK, DAN

Accession#: **TWS-96-00964**

Date Coll/Rec'd: 03/11/96 Sex: M DOB: 02/15/63

Physician: **GORDON LEMM, M.D.**

MICROSCOPIC DIAGNOSIS:

Shave biopsy of **SKIN** from "right side of back" showing:

- **AT LEAST JUNCTIONAL NEVUS WITH MILD CYTOLOGIC ATYPIA AND ARCHITECTURAL DISORDER**
- **LESION EXTENDS TO AT LEAST 1 SIDE SURGICAL MARGIN**
- Please see microscopic description.

COMMENT. Previously this entity was known as dysplastic nevus. The treatment for dysplastic nevus is complete but conservative excision, and has not been accomplished here yet.

CLD:clg
03/12/96

Refer to dermatologist + send this report

GL

C Douglas MD

Cynthia L. Douglas, M.D. James B. Hannah, M.D. Steven B. Jobst, M.D. David M. Lawrence, M.D.

SURGICAL PATHOLOGY REPORT
Test performed at: 1100 Las Tablas Road, Templeton, CA 93466
Page 2 of 2

DEMGL:0125

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A Medical Group
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P.O. BOX 959 Templeton, California 93465
(805) 434-4504 Fax: (805) 434-2913

Patient: McCORNACK, DAN

Accession#: TWS-96-00964

Date Coll/Rec'd: 03/11/96 Sex: M DOB: 02/15/63

Physician: GORDON LEMM, M.D.

Tissue Received: A) RIGHT SIDE BACK, DARK MOLE

Clinical History: Dark mole, right side of back.

GROSS DESCRIPTION: Received in formalin designated "R side back" is a 3.5 x 2.0 x 1.0 mm oval portion of pale-tan dull membranous tissue with a dark reddish-black macule centrally which in some ways resembles a "blood blister". It does grossly appear completely surrounded by a tan membrane. Longitudinally hemisected into 1 cassette.

CLD:clg
03/11/96

MICROSCOPIC DESCRIPTION: Sections show shave biopsylike portions of skin whose epidermis centrally shows elongation, focal broadening and fusion of its rete. Junctional melanocytes are increased in number, both at the depths and sides of the rete as well as between rete. Diagnostic nesting is not appreciated. Conspicuous is the presence of melanin in melanophages and free in the dermis, both perivascularly and interstitially. Some of the dermal mesenchymal cells appear slightly reactive with vesicular nuclei and small but conspicuous eosinophilic nucleoli. There is no significant upward migration of the junctional cells into the overlying epithelium. The melanocytic process extends to at least 1 side surgical margin. There is fibroplasia in the papillary dermis. In the dermal infiltrate in 1 focus, I am unable to tell if the cells are inflammatory or nevocellular, although they are not nested and some are elongate. Rare junctional nevus cells are enlarged.

CENTRAL COAST PATHOLOGY CONSULTANTS, Inc.

A Medical Group

C. L. Douglas, M.D., Director
B. D. Ragsdale, M.D.
S. B. Jobst, M.D.
J. B. Hannah, M.D.
R. E. Rocha, M.D.
D. M. Lawrence, M.D.
K. F. Lundquist, M.D.
Tel #: (805) 434-4504 Fax #: (805) 434-2913

Test Performed at: Twin Cities Hospital, 1100 Las Tablas Rd., Templeton, California 93465

Patient: McCORNACK, DANIEL SR

Accession #: TWS-03-00869

Sex Male
DOB: 2/15/63
MRN

Date Coll/Rec'd: 2/19/03 - 2/20/03

Physician: LEMM, GORDON M.D.

SPECIMEN RECEIVED: **A) Skin specimen**

CLINICAL HISTORY: Lesion, back.

GROSS DESCRIPTION: Received in formalin labeled "back lesion" is a papery-thin shave of white to gray, hair-bearing skin, 3 x 1.5 x 1-mm. One cassette.

CLD/sw'la
2/20/03

MICROSCOPIC DIAGNOSIS: Back skin biopsy:

- DYSPLASTIC COMPOUND MELANOCYTIC NEVUS WITH MODERATE RANDOM CYTOLOGIC ATYPIA OF THE INTRAEPIDERMAL AND DERMAL COMPONENTS, BIOPSY (see Note)

NOTE: The following architectural abnormalities are well-developed: a nested junctional component which radially exceeds a nested dermal component; epithelioid nevomelanocytes bridging adjacent elongate rete; eosinophilic fibroplasia outlining elongate rete; some chronic inflammation with melanophages in superficial dermis. A major criterion of dysplastic nevus, random cytologic atypia, is also present, consisting of occasional melanocytes along the junction with hyperchromatic, irregular nuclear enlargement. In the absence of greater cytologic atypia, pagetoid extension into epidermis or dermal mitotic activity, a benign interpretation is favored.

The general recommendation is for complete excision of dysplastic nevi showing a moderate or higher degree of cytologic atypia. This is because more aggressive histology can sometimes be found adjacent to this picture. Whether or not dysplastic nevi in and of themselves progress to melanoma is a controversial topic, despite the acknowledged fact that 25% of melanomas have contiguous atypical mole histology.

Reference: Ragsdale, B.D., Murphy, G.F. Chapter 17. Tumors of the Skin. In Principles and Practices of Surgical Pathology and Cytology, Third Edition, Editor S.G. Silverberg, Churchill-Livingstone Publishers, pg 415, 1997. BDR:sk

2/26/03 Urom AR for pt to call back

2/27/03 Patient notified by Rodmanrona Spoke pt's wife

Recheck area next month

BRUCE D. RAGSDALE M.D.
Dermatopathologist
Electronically signed 02/24/2003

DEMGL:0124

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R. E. Rocha, M.D. K. F. Lundquist, M.D. M. V. Frost, M.D. K. L. Ferguson, M.D. A. E. Wilkerson, M.D.

Tel #: (805) 541-6033 Fax #: (805) 541-6116

3701 S. Higuera Street Ste. 200 San Luis Obispo, CA 93401

Patient: MCCORNACK, DANIEL SR

Accession #: TWS-07-10086

Date Coll/Rec'd: 1/10/2007 - 1/10/2007

Sex: M
DOB: 2/15/1963
MRN: T1028685

Physician: **CUSHING, GARY M.D.**
TEMPLETON ENDOSCOPY
LEMM, GORDON M.D.

SPECIMEN RECEIVED: **A) Polyp, GI tract**

CLINICAL HISTORY: 211.3 = Benign neoplasm, large bowel. Procedure: Polypectomy.

GROSS DESCRIPTION: In formalin, labeled "cecal polyp" is one pale pink, curled soft tissue fragment, 3 x 2 x ~ mm. Submitted between sponges, one cassette. Step-cuts are requested. CLD/ph/dl

MICROSCOPIC DIAGNOSIS:

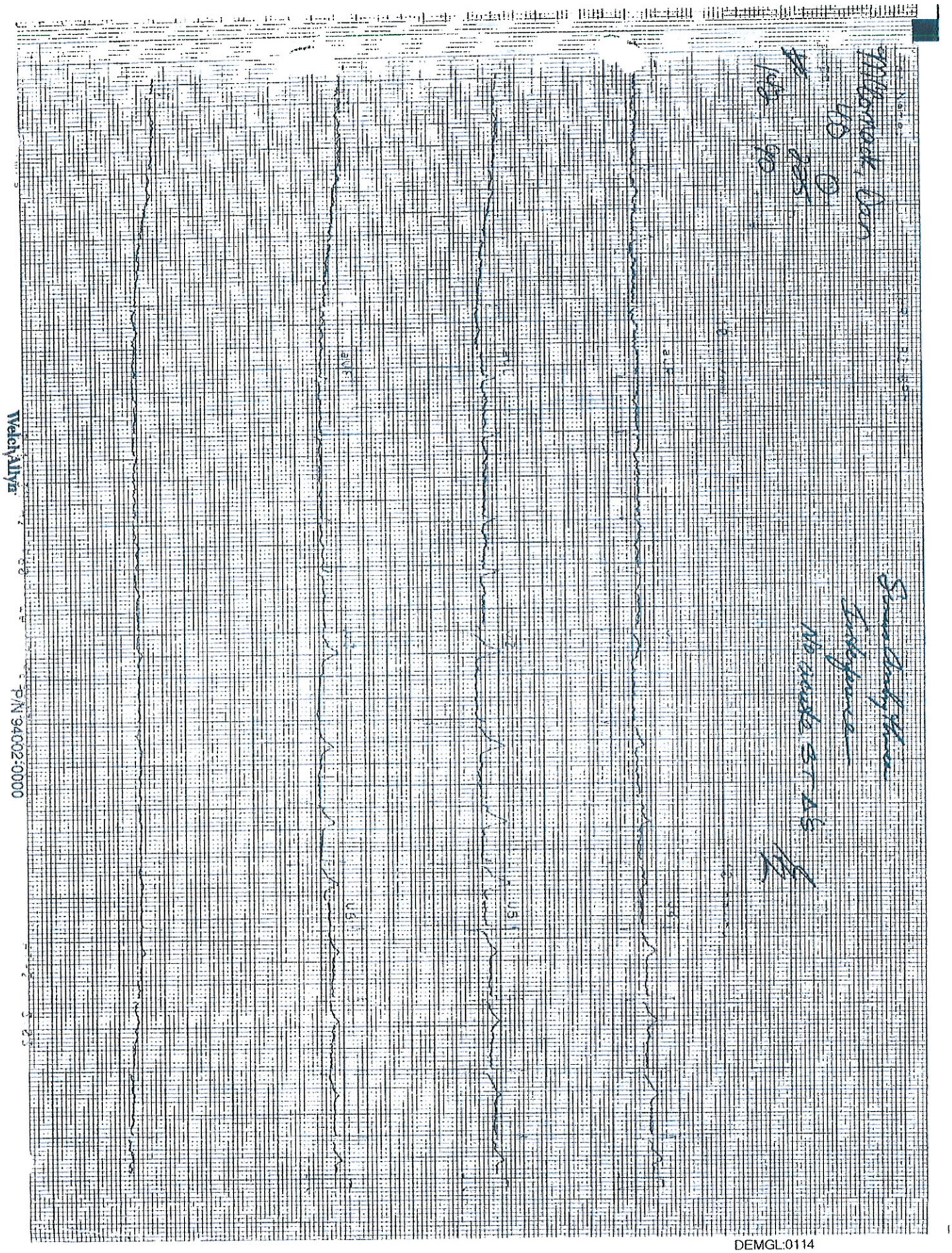
"Cecal polyp" (3 MM GREATEST DIMENSION):
-- COLONIC TYPE MUCOSA WITH SUPERFICIAL CHANGES OF TUBULOVILLOUS ADENOMA

CLD/cbp

This test was performed at 1100 Las Tablas Road, Templeton, CA 93465

CYNTHIA DOUGLAS M.D.
Pathologist
Electronically signed 1/11/2007 4:42:54PM

DEMGL:0123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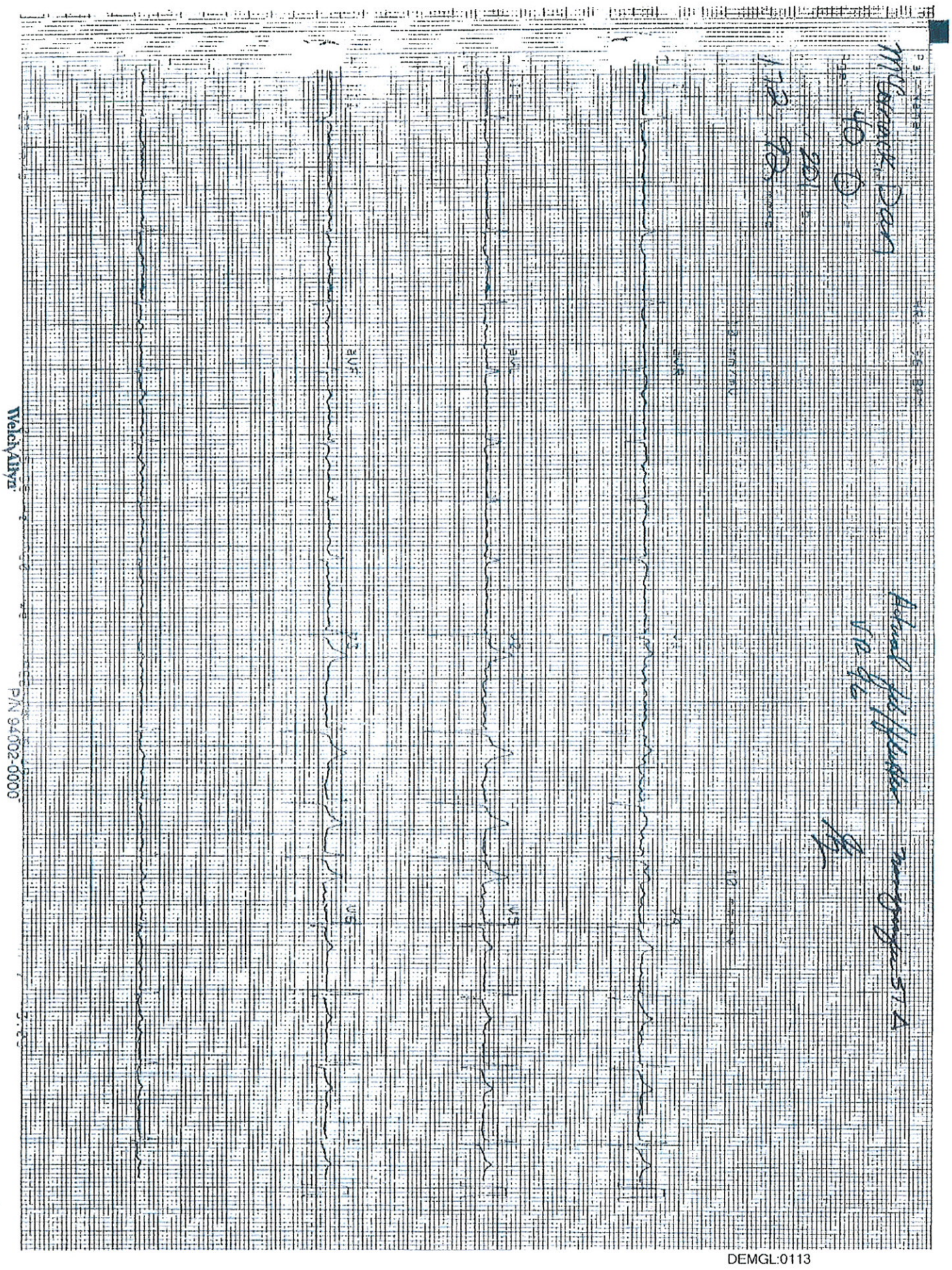

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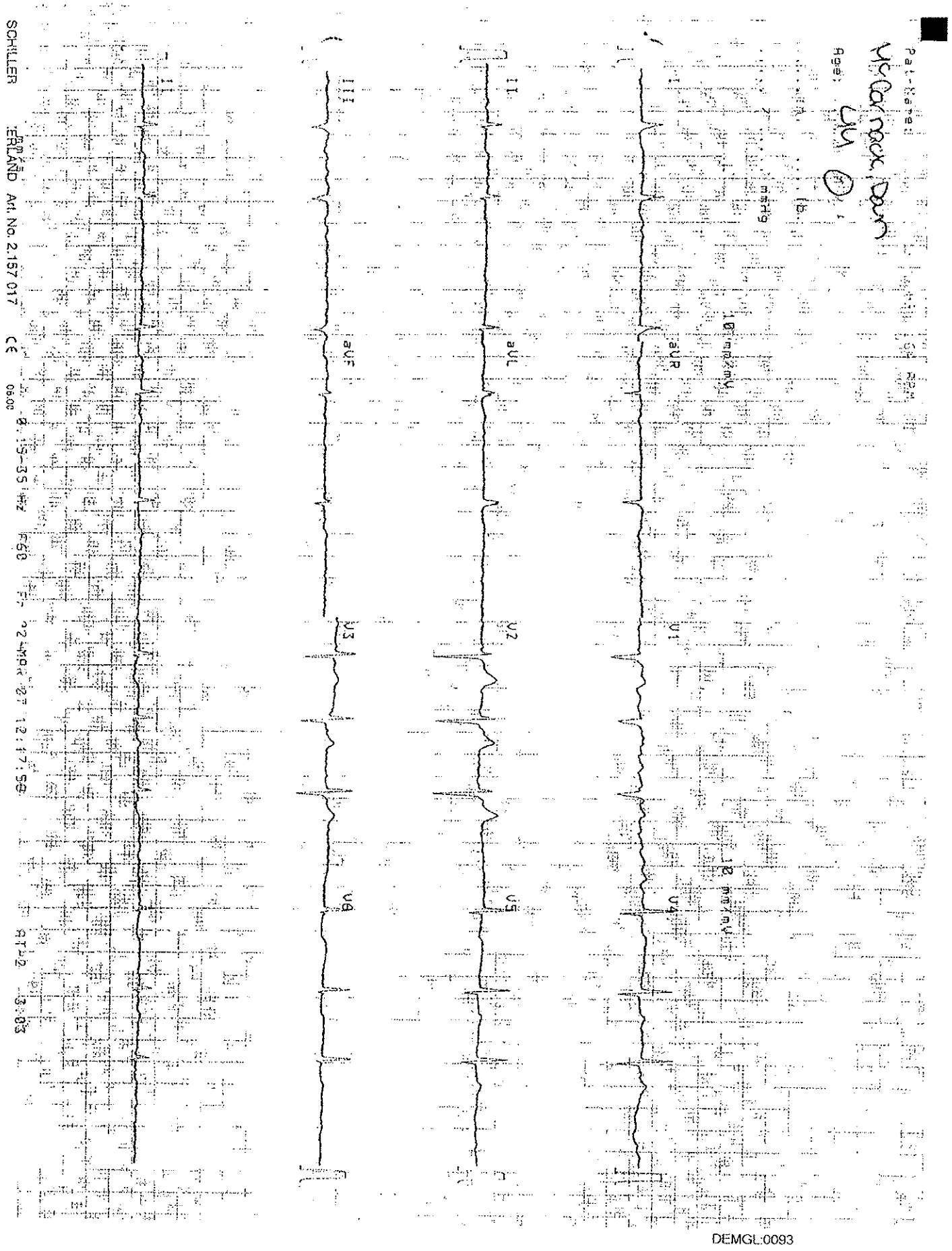
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DR. LAWRENCE VON DOLLEN

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DANIEL E. MCCORNACK, SR

CASE: DANIEL E. MCCORNACK, SR VS.
ACTAVIS TOTOWA, ET AL
COURT DOCKET: MDL 1968 /
SSN ###-##-7837 D.O.B.: 02/15/1963 D.O.D.: 03/23/2008
PLAINTIFF COUNSEERNST AND MADISON

LOCATION COASTAL CARDIOLOGY(VON DOLLEN)

Plaintiff Atty:

IN RESPONSE TO RECORDTRAK'S REQUEST FOR THE FOLLOWING:
1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHER SHEET. PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE.
2. SIGNED CERTIFICATION PAGE IS REQUIRED ***INCLUDING BUT NOT LIMITED TO RECORDS FOR DR. LAWRENCE VON DOLLEN ***
EDICAL RECORDS AND SIGNED CERTIFICATION(S) ARE ATTACHED.

RECORDTRAK
THE TRACK RECORD OF SUCCESS

196975.2

DGT.CG01

851 Allendale Road
P. O. Box 61591
King of Prussia, PA 19406
Phone: (800) 220-1291
Fax: (610) 354-8946

August 7, 2009

Re: **DANIEL E. MCCORNACK, SR**

MEDICAL RECORDS
COASTAL CARDIOLOGY
295 POSADA LANE
SUITE A
TEMPLETON CA 93465

SS #: ###-##-7837
DOB: 02/15/1963 DOD: 03/23/2008
RT File #: 196975 Tag #: 2

Dear Record Custodian:

Attached is an authorization requiring you to furnish *RecordTrak* with the following materials on or before August 17, 2009:

1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENTS INFORMATION SHEET.PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE.
2. SIGNED CERTIFICATION PAGE IS REQUIRED.
INCLUDING BUT NOT LIMITED TO RECORDS FOR DR. LAWRENCE VON DOLLEN.

Please fax responses along with our request and certifications to RecordTrak at the fax number listed above. If the records are too voluminous to fax, please provide them on CD or mail paper copies to the address listed above.

Before copying and/or invoicing, call or fax *RecordTrak* with a page count and pricing for approval. Please include your federal tax id number on all invoices. Refer to File # 196975 Tag 2 in any correspondence.

Very Truly Yours,

RecordTrak Representative
Phone: (800) 220-1291

IMPORTANT:
*****RESPONSES WILL NOT BE ACCEPTED WITHOUT COMPLETED AND SIGNED CERTIFICATION(S).*****

DEPONENT: COASTAL CARDIOLOGY (TAG 2)
RECORDS PERTAIN TO: DANIEL E. MCCORNACK, SR
RECORDTRAK FILE #: 196975 DATE OF BIRTH: 02/15/1963 SOCIAL SECURITY #: ###-##-7837
RECORD IDENTITY:

DGT.CG01

* 1 9 6 9 7 5 2 *

1. ALL MEDICAL RECORDS IN YOUR POSSESSION. INCLUDE OFFICE AND HAND WRITTEN NOTES, TEST RESULTS, CORRESPONDENCE, QUESTIONNAIRES/HISTORY & RECORDS RECEIVED BY OTHER PHYSICIANS. PLEASE ALSO INCLUDE THE PATIENTS INFORMATION SHEET.PLEASE BE SURE TO INCLUDE ALL ARCHIVED RECORDS AND ALL RECORDS LOCATED IN STORAGE. 2. SIGNED CERTIFICATION PAGE IS REQUIRED. ***INCLUDING BUT NOT LIMITED TO RECORDS FOR DR. LAWRENCE VON DOLLEN.***

SECTION I CERTIFICATION OF CUSTODIAN OF RECORDS

I, the undersigned, being the duly authorized custodian of records or other qualified witness, and having the authority to certify the attached records declare the following: the attached records (1) were made at or near the time of the act, event, condition, opinion or dingnosis by a person with knowledge of the matters reflected in the records; (2) were kept in the course of regularly conducted activity; and (3) were created as part of the regular practice of the provider, and that:

A – _____ page(s) of the original records described was made available to the attorney's representative for copying at our place of business.
B – a true, legible and durable copy of 47 pages of the described records was delivered to the attorney's representative.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) 9-7-09 at (city,state) San Luis Obispo, Ca

Signature [signature] Print Name Casie Penfold

Phone Number 805-546-6190 Department Medical Records

E-mail Address to Forward Requests for Production of Records/Materials: _____

SECTION II CERTIFICATION OF NO RECORDS

A thorough search of our files, carried out under my direction revealed no documents, records or other materials called for in the subpoena or authorization, for the following reason:

- ☐ All records for the time period in question have been destroyed in accordance with our document retention policy which is ___ years.
- ☐ Our records are the same as _____.
- ☐ Original records are in the possession of _____.
- ☐ (other) _____.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on (date) _____ at (city,state) _____

Signature _____ Print Name _____

Phone Number _____ Department _____

E-mail Address to Forward Requests for Production of Records/Materials: _____

THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED.

RECORDS

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

05/11/98
YEARLY F/U

VonDollen
Coastal Cardiology
1105 Las Tablas
Templeton, CA 93465
(805) 434-2262
FAX: (805) 434-2843

Referring Phys.: Gordon Lemm, M.D.

Rx:Current Medications:Current Medications: Rx: DILACOR XR 180MG 1 CAP QD 30 days, 60, Ref: 3
Rx: LANOXIN 0.25MG 1 TAB QD 30 days, 120, Ref: 3
Rx: DILACOR XR 120MG 1 CAP QD 30 days, 30, Ref: 2
Rx: LODINE 1CAP OFF 30 days, 30, Ref: 2

Chronic atrial fibrillation Subjective: No significant chest pain, dyspnea, or syncope. Rare palpitations.

Objective: General Appearance: Alert, oriented X 3, well kempt, conversant - with appropriate affect and mood - no major depression.
Syst. BP 120 Diast. BP 70 P 64.V2: Wt. 217
Resp: 12 and unlabored
HEENT : Grossly normal external eye and conjunctiva without exudate or hemorrhages. ÿ JVP=4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax. Lungs clear to percussion and auscultation bilaterally. ÿ
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration. ÿ Extremities: No peripheral cyanosis, clubbing or edema. ÿ
Assessment: Stable and doing well on current regimen without significant change from last evaluation ÿ .MP. ATRIAL FIBRILLATIO : 427.31

Plan: Continue current regimen. ÿ Patient Education: Long talk regarding atrial fibrillation - pathophysiology, current treatments - consideration for Holter monitoring to evaluate how fast the ventricular response is at time of greater physical exertion - he notes that he has difficulty keeping up hiking and golfing with his 55 year old father - question if it is just due to deconditioning, atrial fibrillation in gasneral, or due to excesively rapid ventricular response to atrial fibrillation at times of exertion that might explain his poorer physiologic reserve. Over all, he is not interested in any further work up or monitoring at this time, His vision has returned to normal with the discontinuation of the cordarone.
Follow up: 1 year.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 05/11/98

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

09/01/99
Atrial Fibrillation 1 yr f/u on Medications

Providers: Vondollen
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Patient Name: Mccornack, Daniel E

Current Medications:
Rx: DILACOR XR 180MG 1 CAP QD 30 days, 90, Ref: 3 ÿ
Rx: LANOXIN 0.25MG 1 TAB bid 30 days, 180, Ref: 3
Rx: DILACOR 120MG 1 TAB qhs 30 days, 90, Ref: 3
Rx: LODINE 1CAP prn 30 days, 30, Ref: 2

Subjective: Mr. McCornack returns for annual follow-up of atrial fibrillation. He has had relatively normal cardiac anatomy and is at low risk cardiac morbidity and mortality. He has a very slightly increased risk of cardioembolic phenomenon from atrial fibrillation, however, with his grossly normal heart and echocardiogram, and his active lifestyle, it would seem that the risk of anticoagulation would probably be greater than his current risk of remaining without anticoagulation. We had a long discussion about current research and current advancement in knowledge about atrial fibrillation and because he remains in a low risk status, we will continue to treat him as he is now with the Dilacor 300 mg p.o. daily and Lanoxin 0.25 mg p.o. b.i.d. He notes that he doesn't have as much stamina as he used to have. He has had no major symptoms other than he just doesn't have as much energy and feels like he has to slow down sooner than he would like to.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Syst. BP 130 : Diast. BP 98: P 80 irr
T : Ht. . Wt. 205 .
Resp: 12 and unlabored
HEENT : Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration. Soft systolic ejection murmur heard at the left sternal border.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: Stable and doing well on current regimen without change from the last evaluation.

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Major Problems: ATRIAL FIB

Plan: Continue current regimen.

Follow up: 1 year.

Lawrence Von Dollen, M.D., F.A.C.C./lt D: 09/02/99 T: 09/03/99

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 09/03/99

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

02/16/00
Recheck/ AFIB

Providers: VonDollen
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Medical Assistant: DDiloli
Referring Physician: Gordon Lemm, M.D.

Patient Name: Mccornack, Daniel E

Current Medications:
Rx: DILACOR XR 180MG 1 CAP QD 30 days, 90, Ref: 3
Rx: LANOXIN 0.25MG 1 TAB bid 30 days, 180, Ref: 3
Rx: DILACOR 120MG 1 TAB qhs 30 days, 90, Ref: 3
Rx: LODINE 1CAP prn 30 days, 30, Ref: 2

Chief Complaint: He felt terrible on the 1st - hands tingling and going numb, heart doing flip flops, lighthheaded, neck and chest pains - not severe and didn't last long
He doubled up on his lanoxin
he quit chewing copenhagen
Subjective: Mr. McCornack had an episode where he felt his heart was racing and beating much more rapidly, irregularly and forcefully. This occurred around the first of the year without obvious cause. There had been no viral syndrome. He had no change in food or drug habits. He had changed the source of the diltiazem medication but as far as I could tell there were no other major changes. He has gone to drinking more beer with his fishing buddies. He did stop chewing Copenhagen tobacco at that time because of the concern for nicotine stimulation. He has had 2 cups of coffee a day and has reduced that to 1. All in all, he has had no increase in stimulants. There is always a possibility that some of the medication was not working properly. There is always the possibility that he has new anemia or thyroid difficulties.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Syst. BP 128 · Diast. BP 78: P. 74
T · Ht. . Wt. 215 .
Resp: 12 and unlabored
HEENT Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2

with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: At the current time he is feeling better overall, including his habits he has changed. An electrocardiogram showed atrial fibrillation with nonspecific ST-T wave changes and moderate ventricular response.

Major Problems: ATRIAL FIB

Plan: We will plan to see him in the near future with Holter monitor if the rate seems to be troublesome again. He states it is calming down over the recent weeks. We will also consider a thyroid panel and other blood tests if he continues to have symptoms. If he does not have symptoms, he will follow-up with Dr. Lemm sometime later this year for his usual physical examination.

Lawrence Von Dollen, M.D., F.A.C.C./lt D: 02/16/00 T: 02/17/00

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 02/17/00

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

12/18/00
Blood Pressure Check

VonDollen
295 Posada Lane, Suite A
Templeton, CA 93465

Patient Name: MCCORNACK, DANIEL

Chief Complaint: A Fib

S: Patient in for Blood Pressure check.
ATRIAL FIBRILLATIO

Rx: DILACOR 120MG 1 TAB qhs - days, 90, Ref: 3
Rx: DILACOR XR 180MG 1 CAP QD - days, 90, Ref: 3
Rx: LANOXIN 0.25MG 1 TAB bid - days, 180, Ref: 3
Rx:
O:Arm: Left
Syst. BP 160 : Diast BP 90 : P. 88
T Height Weight 215

A/Plan: Ok per Dr. VonDollen

BP taken by: MMontgomery

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 01/06/01

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

04/11/01
Tiredness and fatigue

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Patient Name: Mccornack, Daniel E

Current Medications:
Rx: DILACOR 120MG 1 TAB qhs - days, 90, Ref: 3
Rx: DILACOR XR 180MG 1 CAP QD - days, 90, Ref: 3
Rx: LANOXIN 0.25MG 1 TAB bid - days, 30, Ref: 0

Chief Complaint: He was promoted and is working harder, but the IRS is taking more with his raise, so he doesn't take home any more than he did before.

Subjective: Mr. McCornack remains NYHA Functional Class I with his lone atrial fibrillation.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Syst. BP 114 Diast. BP 70 P. 80
T Ht. Wt. 206
Resp: 12 and unlabored
HEENT Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: At the current time he is feeling better overall, including his habits he has changed. An electrocardiogram showed atrial fibrillation with nonspecific ST-T wave changes and moderate ventricular response.

Major Problems: ATRIAL FIB

Plan: Do echocardiogram to assess cardiac chamber size and function. Consider review with Dr.

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Jones after the echocardiogram has been done.

Lawrence Von Dollen, M.D., F.A.C.C./lt D: 04/11/01 T: 04/21/01

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 04/21/01

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

07/05/01
: Irregular heart beats

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Patient Name: Mccornack, Daniel E

Current Medications:
Rx: DILACOR 120MG 1 TAB qhs - days, 90, Ref: 3
Rx: DILACOR XR 180MG 1 CAP QD - days, 90, Ref: 3
Rx: LANOXIN 0.25MG 1 TAB bid - days, 30, Ref: 0

Chief Complaint: He works a lot with many activities and obligations, but is stable overall without syncope or decreased exercise tolerance .
Subjective: Mr.McCornack remains NYHA Functional Class I with his lone atrial fibrillation. He has had no significant chest pain, palpitations, dyspnea, or syncope.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Syst. BP 118 : Diast. BP 78 P. 68
T · Ht. : Wt. 213
Resp: 12 and unlabored
HEENT Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: At the current time he is feeling pretty good overall. His Holter monitor showed atrial fibrillation with slightly fast ventricular response on Dilacor 180 po QAM and 120mg po QPM. His echocardiogram showed normal cardiac anatomy and function - the LA was 41mm.

Major Problems: ATRIAL FIB

Plan: Continue the current meds, but increase the dilacor to 300mg po QAM and 180mg po QPM. Check back in 1 month. Consider increasing the digoxin if the dig level allows and the heart rate

remains elevated. Review with Dr. Jones - no major innovations that are likely to change management.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 07/05/01

Patient Chart

Mccornack, Daniel

Date Printed: 09/02/09
555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

08/07/01
: Irregular heart beats

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Patient Name: Mccomack, Daniel E

Current Medications:
Rx: DILACOR 300MG 1 qd - days, , Ref: 6
Rx: DILACOR XR 180MG 1 qhs - days, , Ref: 6
Rx: LANOXIN 0.25MG 1 bid - days, 90, Ref: 3

Chief Complaint: Variable pains in his feet - no evidence of TIA's or other cardioembolic phenomena.
Subjective: He is seeing Dr Yamagata for unexplained pains in his right and left feet. There has been no paresis, back pain, or sensory deficits. He has a lot of stress aas he works a lot with many activities and obligations, but is stable overall without syncope or decreased exercise tolerance
Mr.McCornack remains NYHA Functional Class I with his lone atrial fibriliation. He has had no significant chest pain, palpitations, dyspnea, or syncope.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Syst. BP 120 Diast. BP 88 P. 70
T Ht. · Wt. 209
Resp: 12 and unlabored
HEENT Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bitaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: At the current time he is feeling pretty good overall. His Holter monitor showed atrial fibrillation with slightly fast ventricular response on Dilacor 180 po QAM and 120mg po QPM, so his dose was increased to 300mg po QAM and 180mg po QPM with reduction in the heart rate in the 70's. His echocardiogram showed normal cardiac anatomy and function - the LA was 41mm.

Major Problems: ATRIAL FIB

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Hyperuricemia

Plan: Continue the dilacor 300mg po QAM and 180mg po QPM. Check back in 6 months. Continue the current dose of digoxin since his level is normal at 1.7 on the current dose with good ventricular response.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 08/07/01

REVISED BY LAWRENCE VON DOLLEN, MD (VON) 08/07/01

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

02/25/02
Irregular heart beats

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: KRosson

Patient Name: McComack, Daniel E

Current Medications:
Rx: DILACOR 300MG 1 qd - days, , Ref: 6
Rx: DILACOR XR 180MG 1 qhs - days, , Ref: 6
Rx: LANOXIN 0.25MG 1 bid - days, 90, Ref: 3
Rx: ALLOPURINOL 100MG 2 qd - days, , Ref: 0

Chief Complaint: Palpitations.
Subjective: He really cannot tell that he has atrial fibrillation any more. He has a lot of stress as he works a lot with many activities and obligations, but is stable overall without syncope or decreased exercise tolerance
Mr.McCornack remains NYHA Functional Class I with his lone atrial fibrillation. He has had no significant chest pain, palpitations, dyspnea, or syncope. He only rarely has had the variable pains in his feet that he had at the time of the last visit; he has had no evidence of TIA's or other cardioembolic phenomena.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.

Bp: 142/74, Pulse: 88
Weight: 218

HEENT : Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Assessment: At the current time he is feeling pretty good overall. He has had no significant chest pain, palpitations, dyspnea, or syncope.
Major Problems: ATRIAL FIB
Hyperuricemia

Plan: Continue the current regimen

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 02/25/02

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

04/21/03
Irregular heart beats

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: BMinter,RN

Patient Name: McCornack, Daniel E

Current Medications:
Rx: DILACOR 300MG 1 qd - days, , Ref: 6
Rx: DILACOR XR 180MG 1 qhs - days, , Ref: 6
Rx: LANOXIN 0.25MG 1 bid - days, 90, Ref: 3
Rx: ALLOPURINOL 100MG 2 qd - days, , Ref: 0

Chief Complaint: Palpitations.
Subjective: He has a lot of stress as he works a lot with many activities and obligations, but is stable overall without syncope or decreased exercise tolerance .
He really cannot tell that he has atrial fibrillation, and he remains NYHA Functional Class I with his lone atrial fibrillation. Mr.McCornack has had no significant chest pain, palpitations, dyspnea, or syncope. He has had no evidence of TIA's or other cardioembolic phenomena.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
Bp: 148/94, Pulse: 88
Weight: 220
HEENT: Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or clammess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1 and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: At the current time he is feeling good overall, but he has turned forty and is not as quick or energetic as he was in years gone by - he notices it in community athletics . He has had no significant chest pain, palpitations, dyspnea, or syncope.
Major Problems: ATRIAL FIB

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Hyperuricemia

Plan: Continue the current regimen.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 04/22/03

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

04/21/04
Irregular heart beats

Lawrence E. Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: jrussell
Patient Name: McCornack, Daniel E

Current Medications:
Rx: LANOXIN 0.25MG 1 bid - days, 90, Ref: 3
Rx: ALLOPURINOL 300MG 1 qd - days, , Ref: 0
Rx: PROTONIX 40mg 1 qd - days, , Ref: 0

Chief Complaint: Palpitations

Subjective: Mr.McCornack has very much reconciled and really has no side effects to atrial fibrillation. He has had many stresses recently with regard to job difficulties, also abdominal bloating discomfort with is diagnosed as having perhaps prostate infection. There is also a question of lymphadenopathy, which raises a potential diagnosis of greater concern in terms of malignancy or some other cause of lymphadenopathy. He is being treated for prostatitis and see if this will clear things up. In the meantime, he has had aches and pains over his chest, over his neck, his arms that will last sometimes days at a time. We reviewed the common symptom complex of coronary artery disease versus stress reaction versus musculoskeletal. All things considered, he really has none of the major criteria of symptoms that would go along with ischemic heart disease, nor is there a cardioembolic phenomenon from his atrial fibrillation. He does occasionally has sweatiness and coldness of his hands. This is not particularly associated with any events or times or activities. He has lost weight on the Adkins diet. He feels better, more active. He does feel his age, he is over 40 now.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
BP: 132/88, Pulse: 84
Height: 70", Weight: 197
HEENT: Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or claminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2
with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Assessment: Stable cardiovascular status by all indications.

Major Problems: ATRIAL FIB
Hyperuricemia

Plan: Follow-up in 6 months or a year as requested.

Rx: PROTONIX 40mg 1 qd , , Ref: 0

Lawrence Von Dollen, M.D., F.A.C.C./lt D&T: 04/22/04

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 04/22/04

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

11/27/06 : 11:44am
Office Visit
PV: Von
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: Yleppelman,CMA

Patient Name: McCornack, Daniel E

Rx: DILACOR 300MG 1 qd
Rx: DILACOR XR 180MG 1 qhs
Rx: LANOXIN 0.25MG 1 bid
Rx: ALLOPURINOL 300MG 1 qd
Rx: ASPIRIN-COATED 325MG 1 qd
Rx: PREVACID 30MG 1 qd

Chief Complaint: Palpitations

Subjective: Mr. McCornack has occasional skipped heartbeats and palpitations. He has had no dizziness or lightheadedness. For the most part the rate of atrial fibrillation seems to be relatively stable with the current Dilacor and Lanoxin. In the past year or so, he has been worked up for lymphoma by Dr. Lemm and also was determined to have one of the HLA B-27 associated syndrome. More recently he has had night sweats and diaphoresis He has also had the sensation of cold extremities under different circumstances. We do not have a good explanation for that. He has also raised the topic with Dr. Lemm. At this point there are no obvious cardiac causes other than tachy or bradyarrhythmias. He feels that he has a good idea about whether his heart is going fast or slow. We did talk about doing monitoring to see if that might be an explanation for his episodes.

He notes that when he goes out doing active physical things with his friends, he is no longer able to keep up with them as easily as he has in the past. He questions whether he might be considered for an electrophysiology treatment of atrial fibrillation. We will check his cardiac ultrasound, laboratory and then address the issue with Dr. Winkle now that more progress has been made in treatment of atrial fibrillation with electrophysiologic techniques.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
BP: 140/88, Pulse: 81
Height: 5'10, Weight: 229
HEENT : Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or clamminess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: Stable cardiovascular status by all indications.
Major Problems: ATRIAL FIB
Hyperuricemia
HLA B-27

Plan: We will see him back in a year or as requested.

Rx: PREVACID 30MG 1 qd , , Ref: 0
Rx: ASPIRIN-COATED 325MG 1 qd , , Ref: 0

Lawrence Von Dollen, M.D., F.A.C.C./lt D&T: 11/27/06

SIGNED BY LAWRENCE VON DOLLEN (VON) 11/27/2006 03:45PM

REVISED BY LAWRENCE VON DOLLEN (VON) 11/28/2006 09:20AM

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

07/13/07 : 12:05pm
Office Visit
VON

Lawrence Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: P.Callison,RN

Patient Name: McComack, Daniel E

Rx: DILACOR 300MG 1 qd
Rx: DILACOR XR 180MG 1 qhs
Rx: LANOXIN 0.25MG 1 bid
Rx: ALLOPURINOL 300MG 1 qd
Rx: ASPIRIN-COATED 325MG 1 qd
Rx: PREVACID 30MG 1 qd

Chief Complaint: Palpitations

Subjective: Mr. McComack returns with motivation to try to restore sinus rhythm. He has address the issue wit Dr. Winkle now that more progress has been made in treatment of atrial fibrillation with electrophysiologic techniques.
He had night sweats and diaphoresis and has been worked up for lymphoma by Dr. Lemm and also was determined to have one of the HLA B-27 associated syndrome. He has also had the sensation of cold extremities under different circumstances. We do not have a good explanation for that. He notes that when he goes out doing active physical things with his friends, he is no longer able to keep up with them as easily as he has in the past.

Objective:
General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.
BP: 136/80, Pulse: 77
Height: 70", Weight: 224
HEENT : Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.
Skin: Warm and dry - no diaphoresis or clammess.
Neck: JVP is normal at 4 cm H20. Normal carotid upstroke amplitude and contour bilaterally.
Chest: Grossly normal external thorax without significant kyphoscoliosis.
Lungs: Clear to percussion and auscultation bilaterally.
Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1and S2 with physiologic splitting with respiration.
Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: Generally stable cardiovascular status but NYHA Functional Class I-II with DOE and chronic atrial fibrillation with moderate ventricular response.

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Major Problems: ATRIAL FIB
Hyperuricemia
HLA B-27

Plan: Before proceeding with electrophysiological evaluation with possible radiofrequency ablation in attempts to treat atrial fibrillation, we will try to convert from atrial fibrillation to sinus rhythm to see if symptomatically he is changed by restoration of sinus rhythm. Toward that end, we will initiate Coumadin anticoagulation and then proceed with cardioversion once he has had therapeutic INR for at least 3 weeks. He has been intolerant of amiodarone in the past, consider Rythmol, consider dofetilide if appropriate. He remains on Lanoxin and Dilacor. We will be in touch with Dr. Winkle with regard to his workup and care.

Lawrence Von Dollen, M.D./F.A.C.C./lt D: 08/06/07 T: 08/16/07

SIGNED BY LAWRENCE VONDOLLEN (VON) 08/16/2007 09:53AM

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Progress Notes

11/29/07 : 08:48am
AFIB
Medical Assistant: Sakisha Alexander, CMA
Patient Name: MCCORNACK, DANIEL
02/15/63
401:VON

Coastal Cardiology
1941 Johnson Avenue Suite 101
San Luis Obispo, CA 93401
(805) 782-8844
FAX: (805) 782-8859

Refering Phys.: Gordon Lemm, M.D.
Last visit with PMD:3 months ago
Coastal Cardiology Provider/Last visit/Reason:
Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.
1941 Johnson Avenue Suite 101
San Luis Obispo, CA 93401
(805) 782-8844 FAX (805) 782-8859

Chief Complaint: AFIB

Subjective: 44 year old patient in the office today for follow up AFIB. He states he is back from his hunting trips and would like to discuss medical therapy plan. He has seen Dr Winkle in June 07 to discuss ablation, but has opted not to proceed. He wanted to hold off on an ablation due to the hunting season. He states he is unclear what to proceed with vs doing nothing. He states he feels relatively well, with some exception to doing exertional exercise. He is able to hike while hunting, but does have DOE - he states he isn't clear whether it is related to decreased stamina vs AFIB. He denies of any chest pain/pressure, edema, CHF symptoms, or dizziness.

Allergies: SULFA, AMPICILLIAN

Current Medications:
Rx: DILACOR 300MG 1 qd
Rx: DILACOR XR 180MG 1 qhs
Rx: LANOXIN 0.25MG 1 bid
Rx: ALLOPURINOL 300MG 1 qd
Rx: ASPIRIN-COATED 325MG 1 qd
Rx: PREVACID 30MG 1 qd

Review of Systems: unchanged compared with last visit
PFSH: Reviewed and unchanged compared with last visit
DIAGNOSTIC STUDIES COMPLETED:
ECHO: completed on 12/14/2006
Dr Winkles note 06/2007: See chart

ECG: completed on 07/13/2007
HOLTER: completed on 06/12/2001
Major Problem List:
ATRIAL FIBRILLATIO
HLA B-27

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Objective:
Syst. BP 110 : Diast BP 72 P. 79
T : Height 5'10" : Weight 224
Recheck BP:112/68 Pain: 0/10, RR: 12 and unlabored
General Appearance: The patient is a male who appears stated age in no acute distress.
HEENT: The patient is normcephalic. Grossly normal external eye and conjunctiva without xanthelasmas, exudate or hemorrhages. Grossly normal oropharynx with dentition in reasonable repair.
NECK: The neck is supple and trachea midline. Thyroid nonpalpable without masses noted. No lymphadenopathy. Jugular venous pressure is less than 5 cm. Normal carotid upstroke, amplitude and contour bilaterally. No bruits or transmitted murmurs are noted.
SKIN: Pink, warm and dry - no diaphoresis or clamminess. No rashes noted.
CHEST: The chest is symmetrical with no chest wall abnormality. Normal respiratory effort noted.
CARDIAC: Irregular rate and rhythm with normal S1 and physiologically split S2. The PMI is not palpable not displaced. No palpable lifts, heaves or thrills are present. No gallops, murmurs, clicks or rubs are noted.
LUNGS: No use of accessory muscles or retractions. Lungs are clear to auscultation and percussion.
ABDOMEN: Abdomen is nontender, nondistended, soft without scars noted. No hepatosplenomegaly or masses palpable. Bowel sounds normal. There are no aortic or renal bruits noted. The aortic pulsations are normal not felt.
EXTREMITIES: Extremities are warm without cyanosis, clubbing or edema. +2 peripheral pulses intact.
NEURO: Patient alert and oriented. Grossly nonfocal, appropriate mood and affect. Normal gait present.

Assessment:
Major Problem. Atrial Fibrillation - rate controlled
Major Problem: ASA therapy

Plan:
1. Discussed with patient the options for treatment for AFIB. Anticoagulation and cardioversion with antiarrhythmics vs ablation by Dr Winkle, vs do nothing. He is very unclear what he would like to do at this time. He will continue ASA on a daily basis.
2. I will discuss with Dr VonDollen regarding his thoughts about his options.
3. I will contact patient after speaking with Dr VonDollen

Patient Education: Indications, benefits and complications of anticoagulation were discussed. Well balanced diet, low salt, low fat. Stressed the importance of regular exercise. Please contact the office immediately if you need refills or difficulty receiving, paying for, or understanding the use of medications. dietary

Follow up: I will call patient

I spent 45 minutes with the patient; greater than 50% of the office visit was spent counseling and coordination of care.

SIGNED BY JESSICA MALONE (401) 11/30/2007 02:54PM

CO-SIGNED BY LAWRENCE VONDOLLEN (VON) 03/04/2008 09:57PM

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LAB

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

11/14/02
LAB RESULTS
Time collected: 0840
Patient Name: McCornack, Daniel
Lab Performed: Twin Cities CommunityHospital
Data entered by: kbrown
Date received: 111502
Date entered: 111502
VONDOLLEN

Outside Ordering Physician: Lemm, G

HFP: Completed
TBIL: 1.0
GOT: 33
GPT: 82****
ALK: 76
ALB: 4.6
CMP: Completed
GLU: 130*****
NA: 141
K: 4.2
CL: 100
CO2: 31.1***
AGAP: 14.1
BUN: 24*****
CR: 1.4
UR: 8.2*****
CA: 10.5****
TP: 7.6
DRG SERUM Completed
DIG: 1.5

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 12/16/02

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

02/20/04
LAB RESULTS
Time collected: 0820
Patient Name: Mccornack, Daniel
DOB: 02/15/63
Lab Performed: Twin Cities Community Hospital
Data entered by: dpunches
Date received: 022304
Date entered: 022304
VONDOLLEN

Outside Physician: Lemm

LIP2: Completed
TRIG: 229***
CHOL: 254***
HDL: 43.5
LDL: 165***
TC/HD: 5.8***
HFP: Completed
TBIL: 0.6
GOT: 21
GPT: 47
ALK: 61
ALB: 4.7
CMP: Completed
GLU: 109
NA: 143
K: 4.4
CL: 102
CO2: 32.6***
AGAP: 12.8
BUN: 27***
CR: 1.1
CA: 9.8
TP: 6.9
ENDOCRINE : Completed
TSH: 3.24
T4: 7.5
CBC : Completed
WBC: 9.5
RBC: 5.45
HGB: 16.9
HCT: 48.9
MCV: 89.8
MCHC: 34.6
PLT: 167

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

DRG SERUM . Completed
DIG: 1.8

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 02/29/04

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

07/28/06 : 04:45pm
LAB RESULTS
Time collected: 0810
VON
Patient Name: McCornack, Dan
DOB: 02/15/63
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: canderson
Date received: 01/25/07
Date entered: 01/25/07

Outside Ordering Physician: Gordon Lemm

LIP2: Completed
TG: 461***
T-CHOL: 232***
HDL: 36
CHOL/HDL: 6.4
HFP: Completed
BILI(T): 0.7
SGOT: 19
SGPT: 46
ALK PHOS: 62
ALB: 4.9
PROTEIN: 6.9
CMP: Completed
GLUCOSE: 88
NA: 140
K: 4.3
CL: 101
CO2: 21
ANION GAP: 22***
BUN: 25***
CR: 1.1
URIC A 7.6***
CA: 10.0
CBC Completed
WBC: 12.6***
RBC: 5.79
HGB: 17.7
HCT: 52.4***
MCV: 91
MCH: 30.6
MCHC: 33.8
PLAT CT: 158
DRG SERUM Completed
DIGOXIN: 1.5

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

PSAS: 0.55

SIGNED BY CHERYL ANDERSON (392) 01/25/2007 04:52PM

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

08/24/06: 05:24pm
LAB RESULTS
Time collected: 1134
VON
Patient Name: McCornack, Daniel
DOB: 02/15/63
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: canderson
Date received: 01/23/07
Date entered: 01/23/07

Outside Ordering Physician: Gordon Lemm

LIP2: Completed
TSH: 1.896
----------Reviewed by: VON ----

SIGNED BY CHERYL ANDERSON (392) 01/23/2007 05:26PM

Printed using Practice Partner®

Patient Chart

Mccornack, Daniel

Date Printed: 09/02/09

555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

05/15/07 : 01:36pm
LAB RESULTS
Time collected: 0808
VON
Patient Name: McCornack, Daniel
DOB: 02/15/63
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: canderson
Date received: 05/15/07
Date entered: 05/15/07

Outside Ordering Physician: Gordon Lemm

LIP2: Completed
TG: 620***
T-CHOL: 262***
HDL: 36
CHOL/HDL: 7.3***
HFP: Completed
BILI(T): 0.8
SGOT: 19
SGPT: 42
ALK PHOS: 62
ALB: 4.7
PROTEIN: 6.5
CMP: Completed
GLUCOSE: 106***
NA: 139
K: 4.6
CL: 101
CO2: 29
ANION GAP: 14
BUN: 23***
CR: 1.2
URIC A : 8.0***
CA: 9.7
ENDOCRINE : Completed
TSH: 3.670

DRG SERUM : Completed
DIGOXIN: 1.6

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Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

SIGNED BY LAWRENCE VONDOLLEN (VON) 05/16/2007 04:26PM

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

07/16/07 10:23am
LAB/PROTIME ONLY
PRO

Patient Name: MCCORNACK, DANIEL
DOB: 02/15/63

LAB TEST PROTIME
Time collected: 0822
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: twolfe
Date received: 071607
Date entered: 071607

COUMADIN WE FOLLOW:COUMADIN WE FOLLOW
Trgt INR: 2.5-3.5
INR: 1.0
PT Sec: 12.2

SIGNED BY PROTIME NURSE (PRO) 07/17/2007 11:19AM

Printed using Practice Partner®

Patient Chart

Mccornack, Daniel

Date Printed: 09/02/09

555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

07/23/07 : 09:58am
LAB/PROTIME ONLY
PRO

Patient Name: MCCORNACK, DANIEL
DOB: 02/15/63

LAB TEST PROTIME
Time collected: 0805
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: twolfe
Date received: 072407
Date entered: 072407

COUMADIN WE FOLLOW:COUMADIN WE FOLLOW
Trgt INR: 2.5-3.5
INR: 1.7
PT Sec: 18.0
DOSING: 5x7

SIGNED BY PROTIME NURSE (PRO) 07/25/2007 10:29AM

Printed using Practice Partner®

Patient Chart

Mccornack, Daniel

Date Printed: 09/02/09
555517837 Sex: M Age: 46 DOB: 02/15/1963

Laboratory Data

07/30/07 : 02:13pm
LAB/PROTIME ONLY
PRO

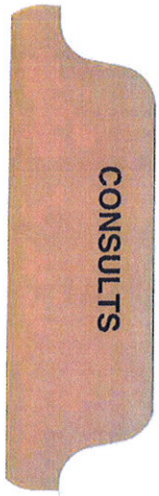
Patient Name: MCCORNACK, DANIEL
DOB: 02/15/63

LAB TEST PROTIME
Time collected: 0806
Lab Performed: Central Coast Clinical Lab Temp
Data entered by: twolfe
Date received: 073007
Date entered: 073007

COUMADIN WE FOLLOW:COUMADIN WE FOLLOW
Trgt INR: 2.5-3.5
INR: 2.8
PT Sec: 27.3
DOSING: 5x7

SIGNED BY PROTIME NURSE (PRO) 07/31/2007 09:29AM

Printed using Practice Partner®


CONSULTS

Cardiovascular Medicine and Cardiac Arrhythmias
An Incorporated Medical Group

Roger A. Winkle, M.D.
Edward T. Anderson, M.D.
R. Hardwin Mead, M.D.
Michael A. Ruder, M.D.
Nellis A. Smith, M.D.
Bruce A. Benedick, M.D.
Donald St. Claire, Jr, M.D.
Rob A. Patrawala, M.D.
Gregory Engel, M.D.

Diagnostic Cardiology
Cardiac Electrophysiology
Coronary Interventions
Cardiac Pacing
Nuclear Cardiology

1950 University Avenue, Suite 160 E. Palo Alto, CA 94303 650-617-8100 fax 650-327-2947
2900 Whipple Avenue, Suite 205 Redwood City, CA 94062 650-363-5262 fax 650-363-5265

JUNE 25, 2007

LAWRENCE VON DOLLEN, M.D.
295 POSADA LANE, SUITE A
TEMPLETON, CA 93465

GORDON LEMM, M.D.
292 POSADA LANE, SUITE D
TEMPLETON, CA 93465

RE: MCCORNACK, DANIEL
MR#: 58831

CARDIOLOGY CONSULTATION

CLINICAL HISTORY: This 44-year-old gentleman is referred for consideration of pulmonary vein ablation of atrial fibrillation. The patient had his first episode of probable atrial fibrillation at age 22. He would feel as if there were marbles or butterflies in his chest. He could get weak, cold, and tired. The episode lasted several days and he was treated with _____ caps. He was carried forward by, Dr. Harvey, who is now retired. Ultimately, Dr. Harvey told him he should stop his medications, as he was too young to be taking them. He stayed off of all medications for four years and had no major episodes. About four years later, he had another episode of sustained atrial fibrillation and went to his physician, who sent him immediately to the ER. That is when he first encountered Dr. Von Dollen. He was treated with digoxin in fairly high doses, which has now been cut back to 0.25-mg b.i.d. He was given Tenormin, which caused him to be a bit tired and fatigued and amiodarone, which caused him to have visual symptoms and actually possibly lose some vision. The patient subsequently has been treated with high dose diltiazem up to 480-mg daily in addition to 0.5-mg of digoxin. He thinks that he has some periods where he is in normal rhythm, but he is really not entirely certain as to whether he is fibrillating or not. When he lies down he is aware of an irregular beat. At times, he feels like he is in the normal rhythm and then develops an erratic rhythm. Before starting medications when he had atrial fibrillation he "felt like he would die." He does feel that he is tried and fatigued and not really a 100%. He notes no real precipitating factors for his bouts of atrial fibrillation. He was in atrial fibrillation for 24-hours on a Holter done by Dr. Von Dollen in June 2001. Several EKGs have shown him to be in atrial fibrillation. His left atrial size has been normal at 4.0-cm. He has no history of MIs, strokes, hypertension, thyroid disease, heart murmurs, rheumatic fever, asthma, or diabetes. He has occasional atypical chest pain. He has never had presyncope or syncope. He pops his head up with a pillow at night because he breaths better and has some heartburn. He has done this for at least several years or more. He has noted some mild edema over the last year. His cholesterols have been elevated. One

TO: LAWRENCE VON DOLLEN, M.D.
GORDON LEMM, M.D.
R MCCORNACK, DANIEL
DATE: 06/25/2007
Page 2

done in May 2007 was 262 with HDL of 36 and triglycerides of 620, so the LDL could not be determined. A TSH at the time was 3.67.

PAST MEDICAL HISTORY:

OPERATIONS: He had a tonsillectomy at age 19. He had left knee arthroscopic surgery in 1993.

MEDICATIONS:
1. Diltiazem 300-mg and 180-mg daily.
2. Allopurinol 100-mg t.i.d.
3. Digitek 0.25-mg b.i.d.
4. Prevacid 30-mg daily.
5. Aspirin 325-mg daily.

ALLERGIES: Ampicillin cause some swelling, sulfa drugs cause swelling and redness, atenolol cause fatigue, and amiodarone cause some visual decline.

FAMILY HISTORY: All of his grandparents are alive. His mother is alive at 62 and father at 64 in good health. He has a brother, 37 in good health. He has a sister, 41 in good health. He has a son 14 and a son 16 both in good health.

SOCIAL HISTORY: He uses Copenhagen chewing tobacco, quitting four months ago. He has two to [illegible] beers daily. He has three cups of coffee daily. He is married. He is a plant manager for a custom [illegible]emical manufacturing plant. He is married and his wife comes with him today

REVIEW OF SYSTEMS: He had some fevers and sweats and underwent an evaluation and was found to have an HLA 27 A-gene. He has some minor back issues, which sound more like disc disease, and ankylosing spondylitis. He had a past history of possible ulcers.

PHYSICAL EXAMINATION:
GENERAL: He is a mildly overweight middle-aged gentleman and in no distress.
VITAL SIGNS: Blood pressure is 140/85. Weight is 223.
HEENT: Negative.
NECK: No JVD. No carotid bruits. Thyroid not enlarged.
LUNGS: Clear.
HEART: Rhythm irregularly irregular at about 70 to 80 per minute. No clicks, murmurs, gallops, or rubs.
ABDOMEN: Soft. Bowel sounds active. No organomegaly. No bruits.
EXTREMITIES: No edema. Pedal pulses 1+ and equal.

IMPRESSION:
1. Atrial fibrillation. This clearly was paroxysmal in the past. It is very difficult to tell if it is persistent or permanent at this time. He has been in atrial fibrillation most of the time Dr. Von Dollen has seen him. The patient thinks that he has periods where he is in normal rhythm and then goes into atrial fibrillation. He has a lot of fatigue and lack of energy, which he attributes to his atrial fibrillation It is really not clear if he is having periods of sinus rhythm to compare the atrial fibrillation symptoms to. I asked him to wear an ICardia monitor for a month and send us

TO: LAWRENCE VON DOLLEN, M.D.
GORDON LEMM, M.D.
R)CCORNACK, DANIEL
DATE: 06/25/2007
Page 3

strips frequently especially when he thinks he might be in normal rhythm. If in fact he is still having periods of sinus rhythm it might be worth a trial of an antiarrhythmic drug such as propafenone or flecainide to see if he feels better and sustain sinus rhythm. If he is in permanent atrial fibrillation it might be worth doing a cardioversion on propafenone or flecainide to see if we could get a few weeks of sinus rhythm to see if he felt better. I explained to him the invasive nature of a pulmonary vein isolation procedure. He understands the need for transseptal puncture and risk of 1% including death, stroke, perforation, atrial esophageal fistulae, pulmonary vein stenosis, groin complications and other serious complications. He understands there is a 30% need for a second procedure. If he is in permanent atrial fibrillation his cure rate would be 60% to 65% and if he is in paroxysmal atrial fibrillation it would be 70% to 75%. I explained that the only known benefit was improvement in quality of life. Although, there are theoretical reasons that think sinus rhythm would decrease the risk of stroke and other complications. There is no scientific prove in this regard. After he sends the strips to us we will decide whether or not to try to restore sinus rhythm briefly to see if he feels dramatically better. If so he certainly would be an excellent candidate for ablation. If he is highly motivated to restore sinus rhythm. He may just want to proceed directly to a pulmonary vein isolation procedure to try to get off of all of his current drugs.

2. HLA 27 gene positive with relatively few symptoms related to this.
3. Mild edema for the past year. This certainly could be aggravated by his diltiazem. He has been on it for a long time and it is possible that this is when he went into permanent atrial fibrillation.

R.)ER A. WINKLE, M.D.
Dictated, but not read or signed.

RW/PSG/PSG
DD: 06/25/2007
DT: 06/28/2007
FILENAME: 07062501-RWINKLE-062507-MCCORNACK-DANIEL-58831


CT SCAN &
ULTRASOUND

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Echo/CardiacMR

02/23/95
Echocardiogram/ Twin Cities Community Hospital
Echo/ TCCH*
Patient Name: MCCORNACK, DANIEL
ECHO: completed

ECHOCARDIOGRAPHY REPORT
McCornack, Daniel
02/23/95

1. The right atrium, right ventricle, tricuspid and pulmonicvalves are grossly normal.
2. The left atrial size is normal. No intracavitary masses areseen.

3. The mitral valve leaflets move well without evidence of stenosis, thickening, prolapse, systolic anterior motion, vegetations or masses.

4. The left ventricular internal diastolic dimension is normal. The interventricular septum and left ventricular posterior free wall are normal thickness. The overall chamber size, wall thickness, wall motion and ejection fraction are well within the mid-range of normal.

5. The aortic root diameter is normal. The valve has three leaflets which move normally without significant stenosis.

6. No significant pericardial effusion is seen.

7. No significant valvular stenosis is seen as evidenced by normal peak flow velocity of the mitral, tricuspid, pulmonic and aortic valves. No significant valvular regurgitation is seen.

8. Color flow doppler shows no significant mitral, tricuspid, aortic or pulmonic stenosis or regurgitation.

IMPRESSION
1. GROSSLY NORMAL M-MODE AND TWO-DIMENSIONAL STUDY.

D: 03/05/95
T: 03/06/95
LVD:pk
Lawrence Von Dollen, M.D.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 07/31/01

Printed using Practice Partner®

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Echo/CardiacMR

06/12/01
COASTAL CARDIOLOGY NON-INVASIVE LABORATORY
ECHOCARDIOGRAM REPORT
ECHO:completed

Coastal Cardiology
77 Casa Street, Suite 104
San Luis Obispo, California 93405
(805) 782-8844 - FAX (805) 782-8850

Patient Name: MCCORNACK, DANIEL
Referring Physician: Gordon Lemm, M.D.
Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.
Technician: Katy Phillips, RDCS, RVT

Ht: 72 Wt: 200 Tape: 116/01 Footage#: 27-33

Clinical Complaint: Irregular heart beat
Clinical Diagnosis: Atrial fibrillation

ECHOCARDIOGRAPHIC DATA-MEASUREMENTS
Left Atrium-End Systole (Normal 2.5-4.4 cm): 4.1
Right Ventricle-End Diastole (Normal <3.0 cm): 2.0
Aortic Root Diameter (Normal 2.0-4.0 cm): 2.8
Aortic Cusp Excursion (Normal 1.5-2.0 cm): 1.9
E-Point to Septal Separation (Normal </= 1.0 cm): 0.7
Interventricular Septum-End Diastole (Normal 0.3-0.8 cm): 1.0
Interventricular Septum-End Systole (Normal 0.6-1.6 cm): 1.5
Left Ventricular Posterior Wall-End Diastole (Normal 0.5-1.3 cm): 1.1
Left Ventricular Posterior Wall-End Systole (Normal 0.9-1.4 cm): 1.5
Left Ventricle-End Diastole (Normals <5.8 cm): 4.9
Left Ventricle-End Systole: 3.7
Left Ventricular Fractional Shortening (Normal >24%): 24%
Left Ventricular Ejection Fraction (rest)(Normal >55%): 50%

2D MEASUREMENTS:

DOPPLER MEASUREMENTS:
-Aortic Valve-
Left Ventricular Outflow Tract Velocity (V1): 0.71 m/s
Peak Aortic Velocity: 1.0 m/s
Aortic Regurgitation Severity: none seen
-Mitral Valve-
Peak Velocity (E)(Normal 0.6-1.0 m/s): 0.96 m/s
Mitral Regurgitation Severity: trace
-Tricuspid Valve-
Peak Velocity (systole): 1 1 m/s

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Right Atrial Pressure: 10 mmhg
Right Ventricular Pulmonary Artery Systolic Pressure: 14.8 mmHg
Tricuspid Regurgitation Severity: whiff
-Pulmonic Valve-
Pulmonic Regurgitation Severity: whiff

INTERPRETATION: Grossly normal echocardiographic study with normal left ventricular wall motion and ejection fraction of 70%. Clinically insignificant mitral, tricuspid and pulmonic insufficiency is seen.

Lawrence Von Dollen, M.D., F.A.C.C./lt D: 06/15/01 T: 06/20/01

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 06/20/01

Patient Chart

Date Printed: 09/02/09

Mccornack, Daniel 555517837 Sex: M Age: 46 DOB: 02/15/1963

Echo/CardiacMR

12/14/06 : 01:51pm
COASTAL CARDIOLOGY NON-INVASIVE LABORATORY
ECHOCARDIOGRAM REPORT
ECHO:completed
VON
Patient Name: MCCORNACK, DANIEL
Date of Birth: 02/15/63
Referring Physician: Gordon Lemm, M.D.
Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.
Technician: JKovacs, RVT

Ht: Wt: Tape: T110 Footage#: 8:00

Clinical Complaint:
Clinical Diagnosis: A-Fib

ECHOCARDIOGRAPHIC DATA-MEASUREMENTS
Left Atrium-End Systole (Normal 2.5-4.4 cm): 4.0
Right Ventricle-End Diastole (Normal <3.0 cm): 2.0
Aortic Root Diameter (Normal 2.0-4.0 cm): 3.2
Aortic Cusp Excursion (Normal 1.5-2.0 cm): 1.9
E-Point to Septal Separation (Normal </= 1.0 cm): .5
Interventricular Septum-End Diastole (Normal 0.3-0.8 cm): .9
Interventricular Septum-End Systole (Normal 0.6-1.6 cm): 1.3
Left Ventricular Posterior Wall-End Diastole (Normal 0.5-1.3 cm): .6
Left Ventricular Posterior Wall-End Systole (Normal 0.9-1.4 cm): .9
Left Ventricle-End Diastole (Normals <5.8 cm): 5.6 Left Ventricle-End Systole: 3.9
Left Ventricular Fractional Shortening (Normal >24%): 30
Left Ventricular Ejection Fraction (rest)(Normal >55%): 57

DOPPLER/COLOR MEASUREMENTS:
-Aortic Valve-
Left Ventricular Outflow Tract Velocity (V1): .71
Peak Aortic Velocity: 1.3
Left Ventricular Outflow Tract Diameter: 2.2
Aortic Valve Area: 3.0
Aortic Valve Gradient (peak): 6.8
Aortic Regurgitation Severity: None Seen
-Mitral Valve-
Peak Velocity (E)(Normal 0.6-1.0 m/s): .87
Deceleration Time (E-wave)(160-230msec): 250
Mitral Valve Area: 3.0
Mitral Valve Gradient (peak): 3.0
Mitral Regurgitation Severity: Trace
-Tricuspid Valve-
Right Atrial Pressure: 10
Tricuspid Regurgitation Severity: None Seen
-Pulmonic Valve-
Pulmonic Regurgitation Severity: None Seen

INTERPRETATION:
1 The right atrium, right ventricle, tricuspid and pulmonic valves are normal. The RVIDD is normal.

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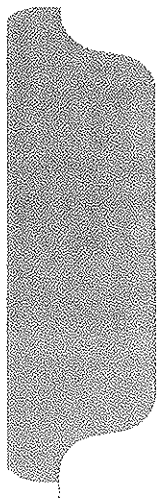
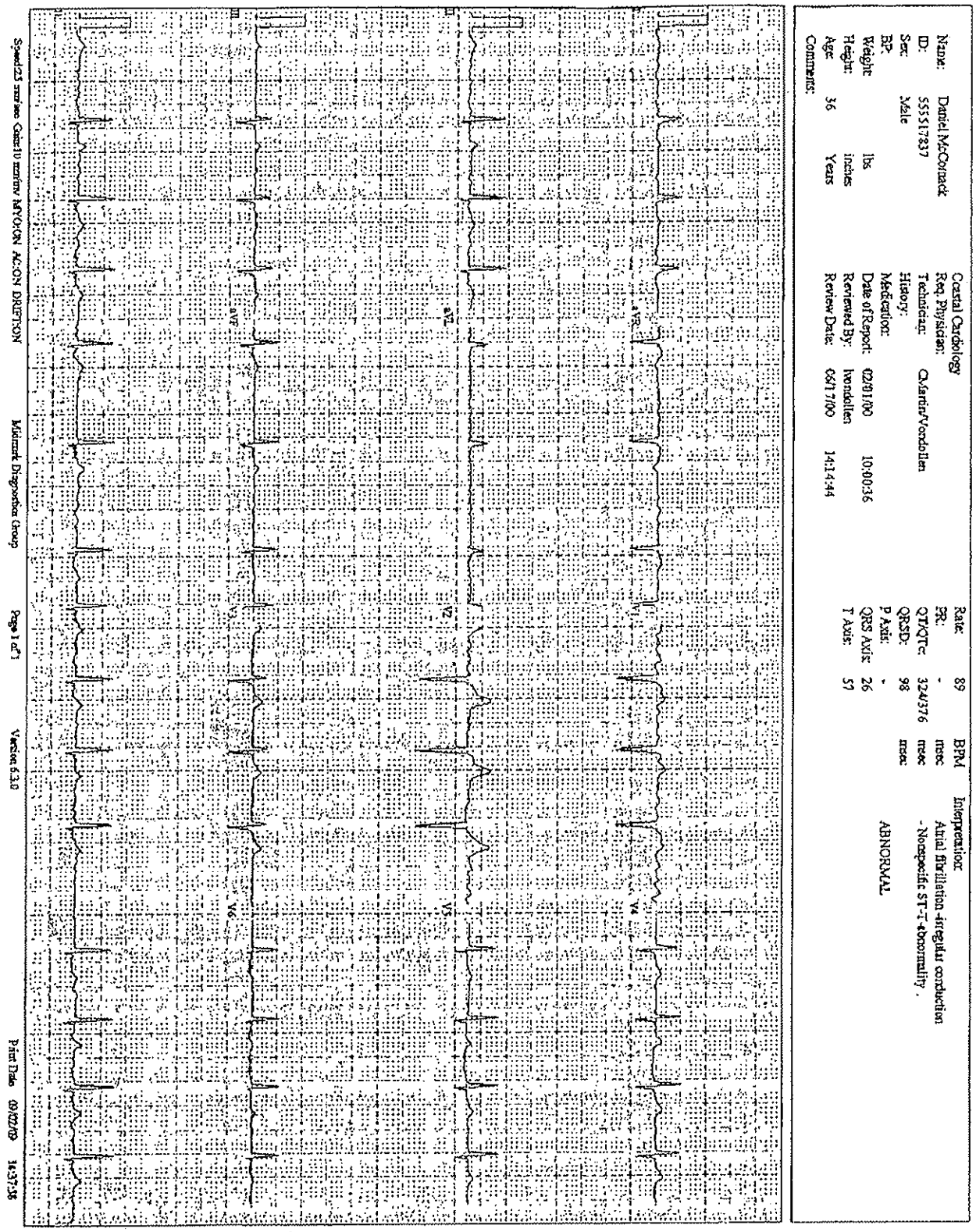
2. The left atrial size of 40mm is normal. There are no intracavitary masses or thrombi noted. The intra atrial septum is grossly normal without obvious defects, masses, or aneurism.
3. The mitral valve leaflets are normal without significant thickening, stenosis, prolapse, SAM, vegetations, or masses.
4. The left ventricular chamber size, wall thickness, wall motion and estimated ejection fraction of 75 % are normal.
5. The aortic root diameter is normal. The aortic valve is normal with three leaflets without significant thickening and with normal motion.
6. No significant pericardial effusion is noted.
7. There is no significant stenosis of the tricuspid, pulmonic, mitral, or aortic valves. There is no significant regurgitation of the tricuspid, pulmonic, mitral or aortic valves.
Clinically very mild mitral and tricuspid regurgitation are present.

CONCLUSION: Essentially normal M-Mode, two dimensional, and Doppler echocardiographic study.

SIGNED BY LAWRENCE VON DOLLEN (VON) 12/18/2006 08:04AM





DEMCC:0054

PLAINTIFFS' EXHIBITS 010943